



(One page per site) Page ____ of ____

TYPE OF ACTION ☐ 1. NEW SITE PERMIT ☐ 3. RENEWAL PERMIT ☐ 5.CHANGE OF INFORMATION ☐ 7. PERMANENTLY CLOSED SITE
(Check one item only) ☐ 4. AMENDED PERMIT specify change local use only _____ ☐ 8. TANK REMOVED
☐ 6.TEMPORARY SITE CLOSURE

I. FACILITY / SITE INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA – Doing Business As)			3	FACILITY ID#		3	7		0	0	0						1		
LOCATION OF TANK (Address)				401	FACILITY OWNER TYPE <input type="checkbox"/> 4. LOCAL AGENCY/DISTRICT* <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 5. COUNTY AGENCY* <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 6. STATE AGENCY* <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 7. FEDERAL AGENCY*														
BUSINESS <input type="checkbox"/> 1. GAS STATION <input type="checkbox"/> 3. FARM <input type="checkbox"/> 5. COMMERCIAL TYPE <input type="checkbox"/> 2. DISTRIBUTOR <input type="checkbox"/> 4. PROCESSOR <input type="checkbox"/> 6. OTHER				403															
TOTAL NUMBER OF TANKS REMAINING AT SITE				404	Is facility on Indian Reservation or trustlands? <input type="checkbox"/> Yes <input type="checkbox"/> No				405	*If owner of UST is a public agency: name of supervisor of division, section or office which operates the UST (This is the contact person for the tank records.)									406

II. PROPERTY OWNER INFORMATION

PROPERTY OWNER NAME		407	PHONE	408
			()	
MAILING OR STREET ADDRESS				
409				
CITY		410	STATE	411
			ZIP CODE	412
PROPERTY OWNER TYPE <input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL <input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT <input type="checkbox"/> 6. STATE AGENCY <input type="checkbox"/> 3. PARTNERSHIP <input type="checkbox"/> 5. COUNTY AGENCY <input type="checkbox"/> 7. FEDERAL AGENCY				
413				

III. TANK OWNER INFORMATION

TANK OWNER NAME		414	PHONE	415
			()	
MAILING OR STREET ADDRESS				416
CITY		417	STATE	418
			ZIP CODE	419
TANK OWNER TYPE	<input type="checkbox"/> 1. CORPORATION <input type="checkbox"/> 2. INDIVIDUAL	<input type="checkbox"/> 4. LOCAL AGENCY / DISTRICT	<input type="checkbox"/> 6. STATE AGENCY	420
<input type="checkbox"/> 3. PARTNERSHIP	<input type="checkbox"/> 5. COUNTY AGENCY	<input type="checkbox"/> 7. FEDERAL AGENCY		

IV. BOARD OF EQUALIZATION UST STORAGE FEE ACCOUNT NUMBER

TY (TK) HQ 44-							Call (916) 322-9669 if questions arise	421
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V. PETROLEUM UST FINANCIAL RESPONSIBILITY

INDICATE METHOD(S)	<input type="checkbox"/> 1. SELF-INSURED	<input type="checkbox"/> 4. SURETY BOND	<input type="checkbox"/> 7. STATE FUND	<input type="checkbox"/> 10. LOCAL GOVT MECHANISM
	<input type="checkbox"/> 2. GUARANTEE	<input type="checkbox"/> 5. LETTER OF CREDIT	<input type="checkbox"/> 8. STATE FUND & CFO LETTER	<input type="checkbox"/> 99. OTHER: _____
	<input type="checkbox"/> 3. INSURANCE	<input type="checkbox"/> 6. EXEMPTION	<input type="checkbox"/> 9. STATE FUND & CD	

422

VI. LEGAL NOTIFICATION AND MAILING ADDRESS

Check one box to indicate which address should be used for legal notifications and mailing.
Legal notifications and mailings will be sent to the tank owner unless box 1 or 2 is checked.

☐ 1. FACILITY ☐ 2. PROPERTY OWNER ☐ 3. TANK OWNER

VII. APPLICANT SIGNATURE

Certification – I certify that the information provided herein is true and accurate to the best of my knowledge.

SIGNATURE OF APPLICANT	DATE ____/____/____	PHONE ()
NAME OF APPLICANT (print)	TITLE OF APPLICANT	

STATE UST FACILITY NUMBER (For local use only)	428	1998 UPGRADE CERTIFICATE NUMBER (For local use only)	429
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UST–Facility

Formerly SWRCB Form A.

Complete the UST–Facility page for all new permits, permit changes or any facility information changes. This page must be submitted within 30 days of permit or facility information changes, unless approval is required before making any changes.

Submit one UST–Facility page per facility, regardless of the number of tanks located at the site. This form is completed by either the permit applicant or the local agency underground tank inspector. As part of the application, the tank owner must submit a scaled facility plot plan to the local agency showing the location of the USTs with respect to buildings and landmarks [23 CCR Section 2711 (a)(8)], a description of the tank and piping leak detection monitoring program [23 CCR Section 2711 (a)(9)], and, for tanks containing petroleum, documentation showing compliance with state financial responsibility requirements [23 CCR Section 2711 (a)(11)].

Refer to 23 CCR Section 2711 for state UST information and permit application requirements.

(Note: the numbering of the instructions follows the data element numbers that are on the UPCF pages. These data element numbers are used for electronic submission and are the same as the numbering used in 27 CCR, Appendix C, the Business Section of the Unified Program Data Dictionary.) Please number all pages of your submittal. This helps your CUPA or local agency identify whether the submittal is complete and if any pages are separated.

1. FACILITY ID NUMBER - Enter the 6 character Permit # on your Unified Program Facility Permit (UPFP). If you do not have a Unified Program Facility Permit, leave this blank.
3. BUSINESS NAME—Enter the full legal name of the business. This is the same as the terms "Facility Name" or "DBA"—Doing Business As.
400. TYPE OF ACTION—Check the reason the page is being completed. CHECK ONE ITEM ONLY.
401. LOCATION OF TANK—Enter the address where the tanks are physically located.
402. FACILITY OWNER TYPE—Check the type of business ownership.
403. BUSINESS TYPE—Check the type of business.
404. TOTAL NUMBER OF TANKS REMAINING AT SITE—Indicate the number of tanks remaining on the site after the requested action.
405. INDIAN OR TRUST LAND—Check whether or not the facility is located on an Indian reservation or other trust lands.
406. PUBLIC AGENCY SUPERVISOR NAME—If the facility owner is a public agency, enter the name of the supervisor for the division, section or office which operates the UST. This person must have access to the tank records.
407. PROPERTY OWNER NAME - Complete items 407- 412 for the property owner, unless all items are the same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
408. PROPERTY OWNER PHONE
409. PROPERTY OWNER MAILING OR STREET ADDRESS
410. PROPERTY OWNER CITY
411. PROPERTY OWNER STATE
412. PROPERTY OWNER ZIP CODE
413. PROPERTY OWNER TYPE—Check the type of property ownership.
414. TANK OWNER NAME - Complete items 414- 419 for the tank owner, unless all items are the same as the Owner Information (items 111-116) on the Business Owner/Operator Identification page (OES Form 2730). If the same, write "SAME AS SITE" in this section.
415. TANK OWNER PHONE
416. TANK OWNER MAILING OR STREET ADDRESS
417. TANK OWNER CITY
418. TANK OWNER STATE
419. TANK OWNER ZIP CODE
420. TANK OWNER TYPE—Check the type of tank ownership.
421. BOE NUMBER—Enter your Board of Equalization (BOE) UST storage fee account number. This fee applies to regulated USTs storing petroleum products. This is required before your permit application can be processed. If you do not have an account number with the BOE or if you have any questions regarding the fee or exemptions, please call the BOE at (916) 322-9669 or write to the BOE at: Board of Equalization, Fuel Taxes Division, P.O. Box 942879, Sacramento, CA 94279-0030.
422. PETROLEUM UST FINANCIAL RESPONSIBILITY CODE—Check the method(s) used by the owner and/or operator in meeting the Federal and State financial responsibility requirements. CHECK ALL THAT APPLY. If the method is not listed, check "other" and enter the method(s). USTs owned by any Federal or State agency and non-petroleum USTs are exempt from this requirement.
423. LEGAL NOTIFICATION AND MAILING ADDRESS—Indicate the address to which legal notifications and mailings should be sent. The legal notifications and mailings will be sent to the tank owner unless the facility (box 1) or the property owner (box 2) is checked. SIGNATURE OF APPLICANT—The business owner/operator of the tank facility, or officially designated representative of the owner/operator, shall sign in the space provided. This signature certifies that the signer believes that all the information submitted is accurate and complete.
424. DATE CERTIFIED—Enter the date that the page was signed.
425. APPLICANT PHONE—Enter the phone number of the applicant (person certifying).
426. APPLICANT NAME—Enter the full printed name of the person signing the page.
427. APPLICANT TITLE—Enter the title of the person signing the page.
428. STATE UST FACILITY NUMBER—Leave this blank. This number is assigned by the CUPA as follows: the number is composed of the two digit county number, the three-digit jurisdiction number, and a six-digit facility number. The facility number must be the same as shown in item 1.
429. 1998 UPGRADE CERTIFICATE NUMBER—Leave this blank. This number is assigned by the CUPA.